JUDO E CAPR**ONI** 

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# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

John D Kim	
Write the full name of each plaintiff.	CV(Include case number if one has been assigned)
-against- City of New York	COMPLAINT S S S S S S S S S S S S S S S S S S S

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

#### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

★ Federal Question
☐ Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?  First amendment rights  Civil rights
B. If you checked Diversity of Citizenship  1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff,, is a citizen of the State of (Plaintiff's name)
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an in	dividual:	
The defendant,(Defe	ndant's name)	, is a citizen of the State of
subject of the foreign st	tate of	sidence in the United States, a citizen or
If the defendant is a cor	poration:	<del></del> ,
The defendant,		, is incorporated under the laws of
the State of		
		State of
or is incorporated unde	r the laws of (foreign s	state)
	int is named in the comp	plaint, attach additional pages providing
II. PARTIES		
A. Plaintiff Informati	on	
Provide the following info	rmation for each plaint	tiff named in the complaint. Attach additional
John	<i>D</i>	Kim
First Name	Middle Initial	Last Name
1646 Dekalb	Ave #2L	
Street Address		
Brooklyn County, City		ナ //2-37 te Zip Code
	Sta	te Zip Code
917)345-3014-		K4589m@gmail.com

## **B.** Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	City of N	ew York					
	First Name	Last Name	,				
		er identifying information)					
	/OO Church Street Current Work Address (or other address where defendant may be served)						
	New York	r other address where dele	1000 7				
	County, City	State	Zip Code				
Defendant 2:							
	First Name	Last Name					
	Current Job Title (or othe	r identifying information)	<u> </u>				
	Current Work Address (or other address where defendant may be served)						
	County, City	State	Zip Code				
Defendant 3:							
	First Name	Last Name					
	Current Job Title (or other identifying information)						
	Current Work Address (or other address where defendant may be served)						
	County, City	State	Zip Code				

Defendant 4:					
	First Name	Last Name			
	Current Job Title (or other identifying information)				
Current Work Address (or other address where defendant may be served)					
	County, City	State	Zip Code		
III. STATEME	NT OF CLAIM				
Place(s) of occurr	rence: Staten	Island Whitehall a	ferry terminal screen		
Date(s) of occurre	ence: $06/29$	2023			
FACTS:	/ 1	'			
	at each defendant per	ort your case. Describe what happ sonally did or failed to do that ha			
an offici IESUS	af disabled reaching	from the screen	ioned my		
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	<u> </u>	·			

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### V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

9/2/2024		Sohr	1 D 1/2	
Dated /		Plaintiff's Sign	ature	
John	$\mathcal{D}$	Kim		
First Name	Middle Initial	Last Name		
1646 Dekall	Ave #2	·L		
Street Address	' ' ' '			
Brooklyn		NY	11237	
County, City	Ç	State /	Zip Code	1
1911)345-30	14	K45	89m@ gma	if. com
Telephone Number	,	Email Address	(if available)	r

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:  $\square$  Yes  $\square$  No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.